

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Planned Parenthood Votes

ADDRESS (number and street)

123 William St., 10th Floor

Check if different  
than previously  
reported. (ACC)

New York

NY

10038

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00489799

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☒ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
08 01 2017

through

M M M / D D D / Y Y Y Y Y Y  
08 31 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Hubbard, Tshombe, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
09 20 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Planned Parenthood Votes

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
08 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
08 / 31 / 2017

|   | COLUMN A<br>This Period   | COLUMN B<br>Calendar Year-to-Date                                      |
|---|---|--|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><span style="border: 1px solid black; padding: 2px;">2017</span> |   | <span style="border: 1px solid black; padding: 2px;">773662.57</span>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | <span style="border: 1px solid black; padding: 2px;">301693.66</span> |  |
| (c) Total Receipts (from Line 19) .....   | <span style="border: 1px solid black; padding: 2px;">500000.00</span> | <span style="border: 1px solid black; padding: 2px;">1732450.00</span> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....   | <span style="border: 1px solid black; padding: 2px;">801693.66</span> | <span style="border: 1px solid black; padding: 2px;">2506112.57</span> |
| 7. Total Disbursements (from Line 31).....  | <span style="border: 1px solid black; padding: 2px;">146975.76</span> | <span style="border: 1px solid black; padding: 2px;">1851394.67</span> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....  | <span style="border: 1px solid black; padding: 2px;">654717.90</span> | <span style="border: 1px solid black; padding: 2px;">654717.90</span>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <span style="border: 1px solid black; padding: 2px;">21253.08</span>  |  |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**Planned Parenthood Votes**

Report Covering the Period:

From:

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 08  |   | 01  |   | 2017        |

To:

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 08  |   | 31  |   | 2017        |

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

500000.00

1732350.00

(ii) Unitemized .....

0.00

100.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

500000.00

1732450.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

500000.00

1732450.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)) .....

500000.00

1732450.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

500000.00

1732450.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 70367.33                      | 987696.98                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 70367.33                      | 987696.98                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 2000.00                           |
| 24. Independent Expenditures (use Schedule E) .....  | 6000.00                       | 127812.26                         |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 70608.43                      | 733885.43                         |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 146975.76                     | 1851394.67                        |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 146975.76                     | 1851394.67                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 500000.00                             | 1732450.00                                |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 500000.00                             | 1732450.00                                |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 70367.33                              | 987696.98                                 |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 70367.33                              | 987696.98                                 |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A.** **Soros Colombel, Andrea, , ,**

Mailing Address 5 Sherbrooke Rd

City  
Scarsdale

State  
NY

Zip Code  
10583-4431

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2017

**Transaction ID : VV1NH9HKWZ3**

Amount of Each Receipt this Period

500000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500000.00

500000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 12

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address PO Box 27025

City  
RichmondState  
VAZip Code  
23261-7025Purpose of Disbursement  
Merchant Fees

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 02    |   | 2017      |

FEC Identification Number

**C****Transaction ID : VV0P99H8T6**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Community Outreach Group LLC**Mailing Address 1110 Vermont Ave NW  
Ste 300City  
WashingtonState  
DCZip Code  
20005-6300Purpose of Disbursement  
Advance Payment for In-Kind Staff Time and Travel to Non-Federal PAC

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 25    |   | 2017      |

FEC Identification Number

**C****Transaction ID : VV0P99H8T7**

Amount of Each Disbursement this Period

11933.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Orange Logic LLC**Mailing Address 19100 Von Karman Ave  
Ste 900City  
IrvineState  
CAZip Code  
92612-6597Purpose of Disbursement  
Database Services

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 04    |   | 2017      |

FEC Identification Number

**C****Transaction ID : VV0P99H8S)**

Amount of Each Disbursement this Period

726.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12665.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 12

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Planned Parenthood Action Fund**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 31    |   | 2017      |

Mailing Address 123 William St  
FI 10City  
New YorkState  
NYZip Code  
10038-3844Purpose of Disbursement  
Draw Down Against Advance for Non-Federal In-Kind, See Line 29

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : VV0P99H8T4

Amount of Each Disbursement this Period

- 696.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Public Affairs Support Services Inc.**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 08    |   | 2017      |

Mailing Address 1950 Roland Clarke Pl  
Ste 300City  
RestonState  
VAZip Code  
20191-1414Purpose of Disbursement  
Compliance Consulting

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : VV0P99H8T2!

Amount of Each Disbursement this Period

53850.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Public Affairs Support Services Inc.**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 15    |   | 2017      |

Mailing Address 1950 Roland Clarke Pl  
Ste 300City  
RestonState  
VAZip Code  
20191-1414Purpose of Disbursement  
Compliance Consulting

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : VV0P99H8T3

Amount of Each Disbursement this Period

4547.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

57701.53

70367.33



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 12

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Community Outreach Group LLC**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 15    |   | 2017      |

Mailing Address 1110 Vermont Ave NW  
Ste 300City  
WashingtonState  
DCZip Code  
20005-6300Purpose of Disbursement  
In-Kind Staff Time and Travel to Non-Federal PAC

Candidate Name

**Planned Parenthood Virginia PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : VV0P99H8SZ**

Amount of Each Disbursement this Period

11933.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Action Fund of New Jersey**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 22    |   | 2017      |

Mailing Address 1150 Dickinson St

City  
ElizabethState  
NJZip Code  
07201-2210Purpose of Disbursement  
Donation for Non-Federal Activity

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : VV0P99H8T0**

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Planned Parenthood Action Fund**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 02    |   | 2017      |

Mailing Address 123 William St  
FI 10City  
New YorkState  
NYZip Code  
10038-3844Purpose of Disbursement  
In-Kind Staff Time and Travel to Non-Federal PAC

Candidate Name

**Planned Parenthood Virginia PAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : VV0P99H8SV**

Amount of Each Disbursement this Period

7979.26

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

69912.26

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 12

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Planned Parenthood Action Fund**Mailing Address 123 William St  
FI 10City  
New YorkState  
NYZip Code  
10038-3844Purpose of Disbursement  
In-Kind Staff Time and Travel to Non-Federal PAC

Candidate Name

**Planned Parenthood Virginia PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 31    | / | 2017        |

FEC Identification Number

**C****Transaction ID : VV0P99H8T7!**

Amount of Each Disbursement this Period

696.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       | / |       | / |             |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       | / |       | / |             |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

696.17

70608.43

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 11 OF 12

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Outreach Group LLC

Nature of Debt (Purpose):

Canvassing. See Schedule E

Mailing Address 1110 Vermont Ave NW  
Ste 300City  
WashingtonState  
DCZip Code  
20005-6300

Outstanding Balance Beginning This Period

42.68

Transaction ID : VTYQS9H5MP7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

42.68

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Franciska Farkas

Nature of Debt (Purpose):

Digital Ad Production. Note correction to  
beginning debt amount, see Schedule E

Mailing Address 102 Clinton Ave

City  
BrooklynState  
NYZip Code  
11205-2398

Outstanding Balance Beginning This Period

6000.00

Transaction ID : VTYQS9H5MZ8

Amount Incurred This Period

0.00

Payment This Period

6000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Terris, Barnes, Walters

Nature of Debt (Purpose):

Canvass Lit. See Schedule E

Mailing Address 400 Montgomery St  
Ste 700City  
San FranciscoState  
CAZip Code  
94104-1219

Outstanding Balance Beginning This Period

21210.40

Transaction ID : VTYQS9H5MN9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21210.40

1) SUBTOTALS This Period This Page (optional)..... ►

21253.08

2) TOTALS This Period (last page this line number only)..... ►

21253.08

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

21253.08

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 12 OF 12  
 FOR LINE 24 OF FORM 3X

|   |             |  |   |  |  |
|---|-------------|--|---|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Planned Parenthood Votes</b>  |             |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00489799   |  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |             |  | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>                                       |  |  |
| Full Name of Payee<br><b>Franciska Farkas</b> <input type="checkbox"/> Memo Item  |             |  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 14 / 2016          |  |  |
| Mailing Address<br>102 Clinton Ave  |             |  | Amount<br><span style="border: 1px solid black; padding: 2px;">6000.00</span>   |  |  |
| City<br>Brooklyn  | State<br>NY | Zip Code<br>11205-2398   | Transaction ID : <b>VV0P99H8SY4</b>   |  |  |
| Purpose of Expenditure<br>Updated Actual Amount for Ad Production as Disclosed on 2016 Pre-General Report   |             | Category/Type<br><span style="border: 1px solid black; padding: 2px;">004</span> | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>08 / 15 / 2017                 |  |  |
| Name of Federal Candidate:<br>Trump, Donald, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |             |  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____<br><input checked="" type="checkbox"/> President State: _____ |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">54657.93</span>  |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____          |  |  |
| Full Name of Payee <input type="checkbox"/> Memo Item   |             |  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>                            |  |  |
| Mailing Address   |             |  | Amount<br><span style="border: 1px solid black; padding: 2px;"></span>  |  |  |
| City  | State       | Zip Code   | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>                                   |  |  |
| Purpose of Expenditure  |             | Category/Type<br><span style="border: 1px solid black; padding: 2px;"></span>    |   |  |  |
| Name of Federal Candidate:<br><input type="checkbox"/> Support <input type="checkbox"/> Oppose  |             |  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President State: _____            |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>  |             |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                     |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             |  | <span style="border: 1px solid black; padding: 2px;">6000.00</span>   |  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             |  | <span style="border: 1px solid black; padding: 2px;"></span>  |  |  |
| (c) TOTAL Independent Expenditures .....  |             |  | <span style="border: 1px solid black; padding: 2px;">6000.00</span>   |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |  |   |  |  |
| Signature<br><i>Hubbard, Tshombe, , ,</i>   |             |  | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 20 / 2017  |  |  |

[Electronically Filed]